



BELO INV

MYERS, RICHARD DALE

A: [REDACTED] M 25 MK.BH.AAP  
U: [REDACTED]



Indicate Color & Type of Clothing Articles.  
Upon transfer, initial in (T=Transfer) Section and upon returning to patient, initial in (R=Return) Section.

Tops			Undershirts		
Description	T	R	Description	T	R
1 white long sleeve shirt			1		
2			2		
3			3		
4					
5			Bra	T	R
Pants			Total #:		
Description	T	R			
1 grey sweat pants			Socks		
2			Total #: 1		
3					
4			Underwear		
5			Total #: 0		
Sweatshirt					
Description	T	R			
1					
2					

Discharge: All items returned on discharge. Check all boxes that apply.

- |                                             |                                      |                                             |                                 |
|---------------------------------------------|--------------------------------------|---------------------------------------------|---------------------------------|
| <input type="checkbox"/> Bags/Suitcases     | <input type="checkbox"/> Medications | <input type="checkbox"/> Shoes              | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Grey Security Bag  | <input type="checkbox"/> Coat        | <input type="checkbox"/> Textbooks          |                                 |
| <input type="checkbox"/> Clear Security Bag | <input type="checkbox"/> Walker      | <input type="checkbox"/> Computer (CHP/ADP) |                                 |

Acknowledgment that all items were given to the patient on discharge:

Time: 1318 Date: 1/15/19 Patient Signature: [Signature]  
Time: 1318 Date: 1/15/19 Staff Signature: [Signature]